

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038104

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9918

STATE FILE NUMBER

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri county: St. Louis admission)

c. CITY  
OR  
TOWN

University City

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Lukes Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

7399 Stratford Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

Georgiana S. Towle

4. DATE OF DEATH Sept. 1, 1963

5. SEX  
Female

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
June 25, 1902 - 61

9. AGE (last birthday)

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (City and state or country)  
Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

H.C. Schaub

13b. MOTHER'S MAIDEN NAME

Winefred Wiennete

14. NAME OF HUSBAND OR WIFE

Warren Wilder Towle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.  
(If yes, give war or dates of service)

none

17. INFORMANT

Address

Mr. W.W. Towle 7399 Stratford Ave.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple myeloma

INTERVAL BETWEEN  
ONSET AND DEATH  
17 mos.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

203x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

July 26, 1947 to Sept 1, 1963

and last saw him alive on Sept 1, 1963

22a. SIGNATURE

(Degree or title)

Robert M. Smith M.D.

22b. ADDRESS

114 N. Taylor

22c. DATE SIGNED

9/1/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

OCT 8 1963

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Del mar B

25. DATE RECD. BY LOCAL REG.

OCT 7 1963

26. REGISTRAR'S SIGNATURE

Robert M. Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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240063

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Dr. Grace Bergner  
114 North Taylor  
St. 38600  
Grant Medical Clinic.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

NOT EMBALMED

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. None

P. O. Address St. Louis Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.